

CANCEL Payment

NACCRRA Subsidy Attendance Sheet

RECEIVED
NOV - 5 2014
CHILD SERVICES ADMINSTRATION

FAMILY ID # (b) (4)
Sponsor Name (b) (4)
Program MCCYN
Month of Care: October
Child Name (b) (4)

Provider ID# 41838
Provider Name Bright Horizons Family Solutions- Suffield
Service Type Full Time
Year of Care: 2014

DBA

To Complete the attendance record, use the code below to indicate amount of care provided for each child, on each day of the month

FD = full day of care provided (Infants and toddlers) PD = part day of care provided (Infants and toddlers)
SF = school-age full day SP = school-age part day
SH = School-age holiday (use when child is in care due to school holiday closings; spring/winter breaks)
NC = No care provided (use whenever child is absent from care, including weekends)
TM = Childcare Services terminated (final day of year)

Attendance : 1st - 15th of the Month

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
(b) (6)	FD	FD	NC	NC	NC	NC	FD	FD	FD	FD	NC	NC	NC	FD	FD

Attendance : 16th - 31st of the Month

Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
(b) (6)	FD	FD	NC	NC	FD	FD	FD	FD	FD	NC	NC	FD	FD	FD	FD	FD

MAIL COMPLETED ATTENDANCE SHEET TO:

Subsidy Department
C/O NACCRRA
1515 N. Courthouse Rd 11th Floor
Arlington, VA 22201

EMAIL ATTENDANCE SHEETS TO:

paymentdept@naccrra.org

FAX ATTENDANCE SHEETS TO: 703-341-

4199 CONTACT US AT:

1-800-793-0324 #365

MONDAY-FRIDAY

8:00 AM - 7:00 PM EST



3-41838-225224

Subsidy Attendance Sheet

RECEIVED
NOV - 5 2014
FAL SERVICE ADMINISTRATION

MONTH OF CARE: October YEAR OF CARE: 2014

(b) (4)
FAMILY ID#

(b) (6)
SPONSOR NAME

SPONSOR'S EMAIL ADDRESS:

(b) (4)

(b) (4)

Bright Horizons Family Solutions- Suffield

PROVIDER ID #

PROVIDER NAME

(b) (4)

(860) 688-6853

Federal Tax ID Number

Phone Number

PROVIDER EMAIL ADDRESS:

suffield@brighthouse.com

CHILD INFORMATION

(b) (4)

CHILD'S NAME

Service member /spouse/legal guardian and provider must sign below for payment to be issued. Incomplete coupons will be returned.

(b) (4)

Provider Signature

Date

11-3-14

I certify that the provider information and attendance record entered on this voucher are true and accurate. I understand that my payment will be based on this completed voucher once received by child care in your Neighborhood. Further understand that any misrepresentation of information may result in legal action.

(b) (4)

Sponsor/Legal Guardian Signature

Date

11-3-14

I certify that the sponsor or legal guardian information and the attendance record entered on this voucher are true and accurate. I understand that payment to the provider will be based on this completed voucher once received by NACCRA



3-41838-223224

cancl_sche d no	doc type	acct no	afic code	cancl dtd	rel ur n	check eff ct	check dtd	check am t	check offic e sy m	payee name	sched no	p mt e as e cd	fund cd	file no
Z6349372	LIMITPAY	(b) (4)	47000018	01/05/16		38156953	11/04/14	\$1,638.00		CHILDRENS	GS15C0065		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38705877	11/04/14	\$51.00		BEGINNING	GS15C0097		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38495124	11/13/14	\$669.00		LEARNING	GS15C0083		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38286947	11/05/14	\$328.00		KIDS	GS15C0072		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38331016	11/03/14	\$712.00		ALEXANDRI	GS15C0072		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38286947	11/05/14	\$482.00		STARS	GS15C0069		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38591979	11/14/14	\$369.59		STONES	GS15C0088		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38591982	11/14/14	\$302.00		SHIRLEY	GS15C0088		758X	
Z6349372	LIMITPAY		47000018	01/05/16		38591997	11/14/14	\$602.00		LEARNIN	GS15C0088		758X	
Z6349372	LIMITPAY		47000018	01/05/16		38592131	11/14/14	\$2,254.04		HORIZONS	GS15C0088		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38286995	11/05/14	\$185.00		GODDARD	GS15C0069		759X	
Z6349372	LIMITPAY		47000018	01/05/16		38884478	11/24/14	\$51.00		BEGINNING	GS15C0110		759X	
3106001			47000018	1/4/2016	0	50603245	10/23/15	\$1,062.71	4030	TREE CHIL	000GS16C0042	M	759X	4
3106001			47000018	1/4/2016	0	51576765	11/19/15	\$183.08	4030	TREE CHIL	000GS16C0090	M	759X	4
3106001			47000018	1/4/2016	0	51735915	11/24/15	\$327.24	4030	WORLD	000GS16C0099	M	759X	4
3106001			47000018	1/4/2016	0	51980090	12/1/15	\$100.00	4030	WEST	000GS16C0113	M	759X	4
3106001			47000018	1/4/2016	0	52014368	12/2/15	\$1,799.00	4030	KIDS	000GS16C0117	M	759X	4
3106001			47000018	1/4/2016	0	52498663	12/14/15	\$1,730.61	4030	ACADEM	000GS16C0142	M	758X	4
3106001			47000018	1/4/2016	2	3376163	12/30/15	\$404.40	310	VILLA C	000GS16V0307	M	759X	8004
3106001			47000018	1/4/2016	2	3375985	12/30/15	\$242.00	310	GODDARD	000GS16V0307	M	759X	8004
3106002			47000018	01/06/16	00	52768627	12/21/15	\$183.08	4030	HEARTS C	000GS16C0168	M	759X	0006
3106002			47000018	01/07/16	02	0324837	01/05/16	\$29.54	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324836	01/05/16	\$36.92	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324842	01/05/16	\$710.40	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324847	01/05/16	\$300.00	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324846	01/05/16	\$36.92	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324845	01/05/16	\$444.00	310	CRISTYS DA	000GS16V0322	M	759X	8007
3106002			47000018	01/07/16	02	0324843	01/05/16	\$29.54	310	CRISTYS DA	000GS16V0322	M	759X	8007

1/8

CANT - DO NOT REPAY

Inbox | Preferences | Account Maintenance | Shortcuts | Site Map | Help | About

(b) (4)

January 20, 2016 | Sign Out

Transactions | Queries | Reference | Utilities | Bookmarks

Pegasys > Transactions > Automated Disbursements > New > Disbursement Cancellation > Header: NE Disbursement Cancellation Ext Ser NE201601200009 NEW > Accounting Lines > Account

- Itemized Payment\JP Accounting Line 1 GS03851 (1) Spending Adjustment Unexpired Downward Paid Expend amount 1012 from document line 1 is to be recorded.
Itemized Payment\JP Accounting Line 1 GS03851 (2) Spending Adjustment Unexpired Downward Paid Expend amount 866 from document line 1 is to be recorded.
Itemized Payment\JP Accounting Line 1 GS03851 (3) Spending Adjustment Unexpired Downward Paid Expend amount 376.04 from document line 1 is to be recorded.

Verify | Save | Submit | Schedule | Refresh | Fund Currency | Add Shortcut | Attachments

Header | Accounting Lines | Approval Routing | Memos | Summary | Correspondence |

Accounting Line

Item 1 of 1

Expand All | Collapse All

General

Line Number: 1 * Available Indicator: Available Source Number:
* Disbursing Model: Treasury Disbursing Re-Open:
Disbursing Office: EXS Bank Account Fault:
* Cancel Type: Deletion Original Accounting Period: 1/2016

Disbursement Details

Fiscal Year: 2015 * Check/Trace Number: 98592131 Cancel Number: 26349372
Schedule Category: Treasury Disbursed Check * Check/Payment Date: 11/14/2014 Cancel Confirm Date: 01/05/2016
Schedule Type: Corporate Check Symbol: 4030 New Schedule Date:
Schedule Number: GS15C0088 Bank ABA/BIC:
Apply

Funding Transfer Payee

Line Amounts

Amount: \$2,254.04

Additional Attributes

Prior Year Adjustment: Not a Prior Year Adjustment Transfer Treasury Symbol:
Short Key:
ATA: AID: SPCA: EPOA: A: MAIN: SUB:
Partition:

Vendor Information

Code: (b) (4) More
Address Name: BRIGHT HORIZONS FAMILY SOLL

Description

Description:

(b) (4)

Extended Description:

Go to top of page

NACCRRRA Subsidy Attendance Sheet

RECEIVED
NOV - 5 2014
CENTRAL SERVICES ADMINISTRATION

FAMILY ID # (b) (4)
Sponsor Name (b) (4)
Program MCCYN
Month of Care: October
Child Name (b) (4)

Provider ID# 41838
Provider Name Bright Horizons Family Solutions- Suffield
Service Type Full Time
Year of Care: 2014

DBA

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(b) (6)	FD	PD	NC	NC	NC	NC	FD	FD	FD	FD	NC	NC	NC	FD	FD

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(b) (6)	FD	FD	NC	NC	FD	FD	FD	FD	FD	NC	NC	FD	FD	FD	FD	FD

MAIL COMPLETED ATTENDANCE SHEET TO:

Subsidy Department
C/O NACCRRRA
1515 N. Courthouse Rd 11th Floor
Arlington, VA 22201

EMAIL ATTENDANCE SHEETS TO:
paymentdept@naccrra.org
FAX ATTENDANCE SHEETS TO: 703-341-4199
CONTACT US AT:
1-800-793-0324 #365
MONDAY-FRIDAY
8:00 AM - 7:00 PM EST



3-41838-223224

Subsidy Attendance Sheet

RECEIVED
NOV - 5 2014
FAMILY SERVICES ADMINISTRATION

MONTH OF CARE: October YEAR OF CARE: 2014

(b) (4)
FAMILY ID#

(b) (6)
SPONSOR NAME

SPONSOR'S EMAIL ADDRESS:

(b) (4)

(b) (4)
PROVIDER ID #

Bright Horizons Family Solutions- Suffield

PROVIDER NAME

(b) (4)
Federal Tax ID Number

(860) 668-5853

Phone Number

PROVIDER EMAIL ADDRESS:

suffield@brighthouse.com

CHILD INFORMATION

(b) (4)

CHILD'S NAME

Service member /spouse/legal guardian and provider must sign below for payment to be issued . Incomplete coupons will be returned.

(b) (4)
Provider Signature

Date

11-3-14

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(b) (4)
Sponsor/Legal Guardian Signature

Date

11-3-14

I certify that the sponsor or legal guardian information and the attendance record entered on this voucher are true and accurate. I understand that payment to the provider will be based on this completed voucher once received by NACRRRA



3-41838-223224

Dear GSA,

As per Neal Pittman's email below, I am mailing back this in-correct check sent in error to me for the (b) (4) currently enrolled at the Bright Horizons at Roseland (not Rockaway).

Thank you,

(b) (6)

Bright Horizons at Rockaway #1393
295 Route 46 West
Rockaway, NJ 07866
973-586-7775
www.brighthorizons.com/rockaway

From: Bright Horizons at Rockaway
Sent: Wednesday, January 13, 2016 12:04 PM
To: Neal Pittman - B1
Cc: joel.brunk@gsa.com
Subject: RE: Another Incorrect Payment - (b) (4)

Hi Neal,

I will send it back today.

Thank you so much for your assistance as usual :-)

Regards

(b) (6)

Bright Horizons at Rockaway #1393
295 Route 46 West
Rockaway, NJ 07866
973-586-7775
www.brighthorizons.com/rockaway

From: Neal Pittman - B1 [neal.pittman@gsa.gov]
Sent: Wednesday, January 13, 2016 12:02 PM
To: Bright Horizons at Rockaway
Cc: joel.brunk@gsa.com
Subject: Re: Another Incorrect Payment - (b) (4)

(b) (6)

I apologize for the inconvenience. I have made some corrections in our system that will hopefully prevent this situation from continuing. Could you please mail the check back to the address below. If you have any other questions please do not hesitate to contact me. Thank you.

General Services Administration
BCED - Attn: Childcare
2300 Main St.
Kansas City, MO 64108

Neal A. Pittman
General Services Administration
External Services Branch (BCED)
neal.pittman@gsa.gov
816-823-3396 Office
816-926-3642 Fax

On Wed, Jan 13, 2016 at 10:45 AM, Bright Horizons at Rockaway <rockaway@brighthorizons.com> wrote:

Hi Neal and Joel,

I just received a call back from (b) (6) who let me know that he is no longer assisting in the payment audits that he had been doing back in December, and that (b) (6) had taken over.

(b) (6) I am including you on this as well, since you assisted (b) (6) last month with how to proceed with this situation.

If you recall, I had received 5 months of payments for the (b) (4) Child (b) (4) however the (b) (4) does not attend here - they attend the Bright Horizons at Roseland. When I spoke with that Director, she confirmed that she had already received payments for this family and nothing was due. I needed to deposit that check, because 7 other family's payments, of mine, were also included in that check. Our company has since issued a payment refund for the duplicate payment.

Unfortunately, yesterday I received notification and another check for the (b) (4) December payment (this time only this one payment is included in the check). I do not understand why I keep getting payments for this family since I am not sending in any invoices for payment for them.

I am attaching a copy of the payment notification I received and the check.

Please let me know who to return this check to and how we can stop this from happening.

I appreciate your assistance.

Thank you,

(b) (6)

Bright Horizons at Rockaway #1393
295 Route 46 West
Rockaway, NJ 07866
[973-586-7775](tel:973-586-7775)
www.brighthorizons.com/rockaway